



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

REQUEST FOR APPROVAL OF DRAWING CORRECTIONS	Application No.:	10/737,349
	Filing Date:	December 15, 2003
	First Named Inventor:	William F. Fling
	Application Title:	HORIZONTAL LIQUID LEVEL MEASURING DEVICE
	Examiner Name:	Wilson, Katina M
	Attorney Docket No.:	Fling.04

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 222313-1450

Sir:

Applicants request drawing changes as shown in red on the enclosed copies of FIGS. 1, 3-5, 10, 11 and 13 of the above-identified application. Replacement pages for these figures are also enclosed. The changes all involve deleting reference characters that were not referred to in the specification. No new matter is presented.

Respectfully submitted,

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Signature			Date	April 27, 2005	



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/737,349
		Filing Date	December 15, 2003
		First Named Inventor	William F. Fling
		Art Unit	2856
		Examiner Name	Katina M. Wilson
Total Number of Pages in This Submission	25	Attorney Docket Number	Fling.04

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): itemized return postcard
<div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>Please credit any overpayments or charge any underpayments to deposit account no. 12-2469.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John H. Lynn
Signature	
Date	April 27, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Ingrid E. Crane		
Signature		Date	April 27, 2005

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